

## ISSUE SLIP STAPLE AREA (for additional cross references)

24/959

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>ABORNE</i>		07-18-01
<b>O.I.P.E. CLASSIFIER</b>		48	7/24/01
<b>FORMALITY REVIEW</b>	<i>MTB</i>	752	8/27/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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829  
05/27

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